# 1227755

#### FORM D

RECEIVED

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



SEC U	JSE ONLY
Prefix	Serial
DATE	RECEIVED

Name of Offering Lewin Capital Investors			and name has char	ged, and indica	ate change.)	
Filing Under (Check box)	(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 50	6 ☐ Section 4(6	) 🗆 ULOE
Type of Filing:	New Filing	□ Ar	mendment			
		A. BAS	SIC IDENTIFICATIO	N DATA		
Enter the information req	juested about the is	suer				
Name of Issuer Lewin Capital Investors	,	if this is an amend	ment and name has	changed, and	indicate change.)	
Address of Executive Off 10 Charcoal Hill Road,		per and Street, City	, State, Zip Code)		Telephone Number (Ir (203) 341-9509	ncluding Area Code)
Address of Principal Bus (if different from Executive	, ,		City, State, Zip Coo	le)	Telephone Number (Ir Same as above	ncluding Area Code)
Brief Description of Busin To execute a value inve		used on a limited	number of long an	d short-sale ir	vestments with atter	ntion to tax efficiency.
Type of Business Organi  □ corporation  □ business trust	zation	•	artnership, already for		□ other (please spe	ecify): PROCESSED
Actual or Estimated Date	e of Incorporation or	Organization:	Month/Year 01/2003	⊠ Actual	☐ Estimated	APR 2 1 2003
Jurisdiction of Incorporat	ion or Organization	1	er U.S. Postal Service:	e abbreviation		THOMSON

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, it received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B and the Appendix need not be filed with the SEC.

# Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	A RASIC IDENT	TIFICATION DATA		
<ul> <li>Enter the information requested for the</li> <li>Each promoter of the issuer, if the</li> <li>Each beneficial owner having the pof the issuer;</li> <li>Each executive officer and director</li> <li>Each general and managing partners</li> </ul>	following: issuer has been organized w power to vote or dispose, or or of corporate issuers and of	vithin the past five years; direct the vote or disposition o		
Check Box(es) that Apply:   Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual) Lewin Capital Partners, L.L.C.				
Business or Residence Address (Num 10 Charcoal Hill Road, Westport, Connec	ber and Street, City, State, Z	ip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Lewin, Greg				
Business or Residence Address (Num c/o Lewin Capital Partners, L.L.C., 10 Cha	ber and Street, City, State, Z arcoal Hill Road, Westport,			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Num	ber and Street, City, State, Z	ip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)			,	
Business or Residence Address (Num	ber and Street, City, State, Z	ip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Num	ber and Street, City, State, Z	ip Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				

(Number and Street, City, State, Zip Code)

Business or Residence Address

		<del></del>	——————————————————————————————————————		IN EQUIT	ATION AT	OUT OF	FERING				
						ATION A					·	
1.	Has the issue	r sold, or c				ion-accredit umn 2, if fil			rering?	•••••	Ye	s No ⊠
2.	What is the m	inimum inv	vestment th	at will be a	accepted fro	om any indi	vidual?		• • • • • • • • • • • • • • • • • • • •		_	1,000,000
2	Doos the effe					the Gener					\/-	- N-
3.	Does the offe	ring permit	: joint owne	rsnip of a s	single unit?			****************		•••••	Ye:	s No □
4.	Enter the info commission offering. If a	or similar	remunerati	on for soli	icitation of	purchasers	s in conne	ction with	sales of s	ecurities in	any the	_
	and/or with a										are	
Ful	associated pe Name (Last)				r, you may	set forth th	e information	on for that t	proker or de	ealer only.		
	t applicable.	iame msi,	i ii iii aiviaa	ai,								
	siness or Resi	dence Ado	dress (Nun	nber and S	Street, City	, State, Zip	Code)					
Naı	me of Associa	ted Broke	r or Dealer	•								
Sta	tes in Which f	Person Lis	ted Has So	olicited or	Intends to	Solicit Pur	chasers					
	(Check "	All States'	or check	individual	States)							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Ful	Name (Last	name first,	, if individu	al)								
Bu	oiness or Bosi	danaa Ad	dropp (Num	nhar and C	Stroot City	State 7in	· Codo)					
Dus	siness or Resi	dence Add	aress (Ivun	nber and s	street, City	, State, Zip	(Code)					
Nai	me of Associa	ted Broke	r or Dealer	•				·····				
Sta	tes in Which f	Person Lie	tod Has So	olicited or	Intende to	Solicit Pur	chaeare		<u>,                                      </u>			
Ola			or check			Solicit i un	Cilaseis				_	I All States
FAT 1	•				•	[CTP]	ניטריו	(DC)	CTT 1	[C 4 ]		
[AL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Ful	l Name (Last	name first,	if individu	al)	<del></del>	<u> </u>	<u> </u>			-		
-												
Bus	siness or Resi	dence Add	dress (Nun	nber and S	Street, City	, State, Zip	Code)					
Na	me of Associa	ted Broke	r or Dealer									
Sta	tes in Which I	Person Lis	ted Has So	olicited or	Intends to	Solicit Pur	chasers					
												All States
	•			[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[AL]	[AK]	[AZ]	[AK]	JCA1	J C C I	1011	1~~1				[***]	[117]
[AL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI] [OH]	[MN] [OK]	[MS]	[MO]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$ <u>0</u>	\$	<u>0</u>
	Equity:	\$ <u>0</u>	\$	<u>0</u>
	Convertible Securities (including warrants):  Partnership Interests	\$ <u>0</u> 1,000,000,000(a)		<u>2,250,000</u>
	Other (Specify)  Total	<u>0</u> 1,000,000,000(a		<u>2,250,000</u>
_	Answer also in Appendix, Column 4, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	<u>3</u>	\$	2,250,000
	Non-accredited Investors	<u>o</u>	\$	<u>0</u>
	Total (for filings under Rule 504 only)	N/A	\$	N/A
	Answer also in Appendix, Column 3, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505	None None	\$	<u>0</u> 0
	Regulation A Rule 504	<u>None</u> None	\$ \$	0
	Total	None	\$	<u> </u>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	X X	\$	<u>0</u>
	Printing and Engraving Costs	⊠ ⊠	4	<u>2,500</u>
	Legal Fees	X	\$	<u>35,000</u> 7,500
	Engineering Fees	×	\$	0
	Sales Commissions (specify finders' fees separately)	X	\$	<u>0</u>
	Other Expenses (identify <u>Filing Fees</u> )	XI	\$ \$	<u>5,000</u> 50,000
	(a) Open-ended fund; estimated maximum aggregate offering amount.		•	20,000

ij,	PE	
5.46	277	
м	82	
20		
31	W 1	
222		
41	n	
ĸ.	20	
Φŧ.		
35	8	
	m	
31	30	
Ç.	ee.	
к	ю	
8	ь.	
1	w	
滑	10	
€.	34	
N		
81	m	
3	83	
п		
и	9	
1		
3	N	
42		
1	m	
Νŝ	æ.	
ij	m	
38.	35	
H.	m	
N.	10	
£		
n	20	
44	40	
u	8	
ä.	Fέ	
23	es.	
2	7	
1	12	
я	7	
2.	z.	
8	20	
з	81	
Ψ.	ш	
e.	٧.	
3	•	
Ж	ч:	
ä	SI.	
	90	
₽.	38	
솅	80	
ĸ.	100	
41.	m	
25	900	
Ю	83	
×	83	
~	-	
ħ.	æ.	
2	ж.	
	×	
1	22	
н	$\sim$	
ı.	12	
z	т	
	175	
1	N.	
Œ.	2	
ġ,	80	
3	*3	
	100	
A.	307	
20	OH.	
н	27	
m	m.	
	ØΨ	
縊		
	200	
æ	37	
30	15	
и	97	
1	-2	
Ď.	100	
30	98	
23	-43	
25	25	
Æ	37	
36		
ŝ	5	

4.	b. Enter the difference between the aggregate offering price given in response to Part C - Question
	1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted
	gross proceeds to the issuer."

999,950,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes below. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjustment gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

		Payment Officer				
		Directors Affiliate				Payments to Others
Salaries and fees	X	\$	<u>0</u>	X	\$	<u>o</u>
Purchase of real estate	X	\$	<u>0</u>	X	\$	<u>0</u>
Purchase, rental or leasing and installation of machinery and equipment	X	\$	<u>0</u>	X	\$	<u>o</u>
Construction or leasing of plant buildings and facilities	X	\$	<u>0</u>	X	\$	<u>0</u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another						
issuer pursuant to a merger)	X	\$	<u>0</u>	X	\$	<u>o</u>
Repayment of indebtedness	X	\$	<u>0</u>	X	\$	<u>o</u>
Working capital	X	\$	<u>o</u>	X	\$	<u>0</u>
Other (specify): Portfolio Investments	X	\$	<u>o</u>	X	\$	999,950,000
Column Totals	X	\$	<u>o</u>	X	\$	999,950,000
Total Payments Listed (column totals added)	X		\$ <u>99</u>	9,95	0,00	<u>)0</u>

## D FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)

Lewin Capital Investors, L.P.

wiii Capitai investors, E.F

Name (Print or Type)

**Greg Lewin** 

Signature

Date 4//0/0

Title of Signer (Print or Type)

Managing Member of the General Partner

## ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)